

## Medicaid Innovation List:

1. Combine all Program Integrity/Fraud efforts in the Department
2. Analyze Travel Patterns/Diagnoses/Frequency/Results for Increased Savings
  - a. 10-Day Plan Ahead
  - b. Non-emergent travel rules
  - c. Retrospective reviews on all medevac's
3. Maximize Use of Telemedicine through incentivizing reimbursement
4. Develop a Comprehensive PCCM Payment Mechanism with Steerage.
5. Comprehensive Payment Reform
  - a. Bundled Payments
  - b. Specialty Management
  - c. Pay for outcomes
  - d. DRG's
  - e. Cost Sharing
  - f. Cost methodology
  - g. Acuity Rates
6. Medicaid Diabetes Self-Management Program
7. Utilize PHN for Evaluation and Assessment of Waiver Recipients
8. Cap Waiver Recipients to Nursing Home level of care annually
9. Cap total number of prescriptions per recipient (8-10?)
10. Cost Savings through contracted services
  - a. Pharmacy
  - b. Assessments
  - c. Care Coordination
11. Uniform FFS reimbursement for all treatment grants
12. Reduce benefits to essential benefit plan (or state plan benefits only)
13. Eliminate the loophole that allows legally responsible relatives (spouse, parent) to refuse to financially support them in order for the other relative (spouse, child) to obtain Medicaid.
14. Look at Behavioral Health service limitations (utilization limits) on an annual basis per recipient

15. Establish Utilization Limits for Physical Therapy, Occupational Therapy, Speech Therapy and Speech-Language Pathology for practitioner and clinic.
16. Develop and implement a Uniform Assessment Tool (UAT) for all waiver services.
17. Encourage the development of regional behavioral health organizations to utilize and take advantage of economies of scale in service delivery.
18. For Medicaid fee-for-service increase co-pays, add new co-pays, increase annual cap.
19. Allow aged and permanently disabled with fixed incomes to be automatically renewed based on cost of living increases.
20. Expand the scope of practice for RNs, LPNs and home health aides to improve access to services and decrease associated costs in delivering services.
21. Limits total Medicaid spending to no greater than four percent annual growth, in essence establishing a global spending cap on Medicaid expenditures.
22. 1915 K - capture an additional 6 % federal match. Change our 1915 C Waiver system to 1915 K. We would also include PCA Services (40 % meet institutional level of care)
23. An across the board rate freeze for one year.